

**RT-10 Telecommunications Infrastructure
Maintenance Fees Return**

Station no. 060

REV 1

E S ____/____/____

NS DP CA

Do not write above this line.

Step 1: Identify your business

1 Illinois Business Tax number (IBT no.): _____

2 Certificate of registration no.: **T** **I** - _____

3 Name: _____

4 Address: _____
Number and street

City _____ State _____ ZIP _____

5 Check the appropriate box and complete the information to indicate the period for which you are filing this return:

☐ **Month** of _____☐ **Quarter** ending _____6 ☐ Check here if your address has changed.7 Is this a final return? ☐ yes ☐ no
"Final" indicates you will no longer conduct business. If

"yes," complete the following information:

☐ I **sold** my business on _____.☐ I **discontinued** business on _____.

If "sold," provide the new owner's information:

Name: _____

Address: _____

Step 2: Figure your telecommunications infrastructure maintenance fees (TIMFs) due**Net gross charges subject to the State TIMF:**8 Gross charges (see instructions) billed during this liability period. **8** _____9 Amount you received during this liability period on credit previously extended. **9** _____**10 Add Lines 8 and 9.** This amount is your total gross charges. **10** _____**11 Deductions:****a** Gross charges billed to the federal government **11a** _____**b** Gross charges billed for wireless telecommunications **11b** _____**c** Fee-free sales billed to resellers **11c** _____**d** Other. Explain: _____ **11d** _____**12 Add Lines 11a through 11d.** This amount is your total deduction. **12** _____**13 Subtract Line 12 from Line 10.** This amount is your net gross charges subject to the State TIMF. **13** _____**14 Multiply Line 13 by 0.5% (.005).** This is your State TIMF due. **14** _____**15** If you file this return and pay the amount due by the due date, multiply Line 14 by 2% (.02). **15** _____**16 Subtract Line 15 from Line 14.** **16** _____**17** Credit you wish to apply. **17** _____**18 Subtract Line 17 from Line 16.** Pay this amount. **18** _____

Make your check payable to "Illinois Department of Revenue"

Step 3: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: _____ (____) ____ - ____ / ____ / ____
Telephone number (include area code) Date_____
Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: _____ (____) ____ - ____ / ____ / ____
Telephone number (include area code) Date